2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2007
Secretary of State

DOCUMENT# S94264

Entity Name: ALPHA - NEURO TESTING ASSOCIATES, INC.

Current Principal Place of Business:

4545 NW 103RD AVENUE
SUITE 203
SUNRISE, FL 33351 US

New Principal Place of Business:

1631 S.W. 72 AVE.
PLANTATION, FL 33324 US

Current Mailing Address:

P O BOX 26748
TAMARAC, FL 33320 US

New Mailing Address:

FEI Number: 65-0293888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARMAN, DEBORAH A ESQ
165 E PALMETTO ROAD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASTANON, KATHLEEN,
Address: 7971 N W 89 LANE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN J. CASTANON PRES 04/01/2007

Electronic Signature of Signing Officer or Director Date